

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020078-9
PURCHASING VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2121

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl #11
DP5-1717
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				42,476.25	
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 42,476.25

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATOTHR

(Sign original only)

Differences _____

Date 6/16/58

*Payee

(do not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials) *EE*

42,476.25

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____. Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be written in full, as in the following examples: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

STATOTHR

5/25/58

[illegible]

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5/25/58

Continued to Sheet # 24

Sheet #3

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

5/25/58

FORM STL - 660

[illegible]

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Continued to Sheet #5

DATE _____

5/25/58

FORM STL - 660

[illegible]

Continued to Sheet #6

5/25/58

[illegible]

Continued to Sheet # 7

5/25/58

[illegible]

Continued to Sheet # 8

5/25/58

WEEKLY DET DISTR DATE

FORM STL - 660

Continued to Sheet # 24

5/31/58

[illegible]

Continued to Sheet # 24

5/31/58

FORM STL - 660

[illegible]

5/31/58

[illegible]

Continued to Sheet # 24

Sheet # 12

ACCOUNTS PAYABLE

WEEKLY DET DISTR	DATE
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5/31/58

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
37	05	26	8	33490	44985		05	29	403					50	2	40	22	12501	50322	26	1	12000
38	05	26	8	54083	45258		06	10	264					50	2	40	22	12501	50322	26	1	13900
38	05	26	8	55025	45258		06	10	264					50	2	40	22	12501	50322	26	1	13900
39	05	27	8	244242	45139		06	10	127					50	2	40	22	12501	50322	26	1	30000
39	05	27	8	33201	44985		05	29	403					50	2	40	22	12501	50322	26	1	61000
44	05	29	8	C59204A	44988		06	10	136					50	2	40	22	12501	50322	26	1	18000
44	05	29	8	DM-1664	44864		06	10	201					50	2	40	22	12501	50322	26	1	5455-
																						19096 *
																						19096 **
																						<i>Continued to Sheet # 24</i>

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ACCOUNTS PAYABLE

WEEKLY DET DISTR DATE

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[illegible]

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Continued to Sheet # 15-

5/31/58

[illegible]

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67556
~~67556~~ *
 67556 **

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BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Class Code	Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT	
No.	Mo.	Day	Yr.				Mo.	Day								Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order		
05	06	03	8	25	14963		06	04	352						50	25	40	22	12501	5032	14	1		659
07	06	05	8	8899	45626		06	27	121						50	25	40	22	12501	5032	14	1		187500
11	06	06	8	4582	45627		06	10	250						50	25	40	22	12501	5032	14	1		3480
																								191839 *
																								191839 **
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Sheet # 24

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

5/58/58

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BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Cost Element	TR CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day						Maj.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
02 05	06 06	02 03	8 8	24 25	14905		06 06	03 04	352 352				50 50	25 25	21 21	30 30	12501 12501	5044 5044	36 36	3 3	500 1000 1500 *
04	06	03	8	1296	45523		06	05	254				50	25	27	20	12501	5044	36	1	2310 2310 * 3810 ** 99320 *** 94.41
																					Sheet # 1 316.53
																					Sheet # 2 747.84
																					Sheet # 8 < 125.067
																					Sheet # 9 29.10
																					Sheet # 10 477.79
																					Sheet # 11 190.96
																					Sheet # 12 1024.10
																					Sheet # 17 15.39
																					Sheet # 18 1916.39
																					Sheet # 19 568.28
																					Sheet # 20
																					Total 6,248.95